

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7		2					57						
8		1					58						
9		2					59						
10		1					60						
11		1					61						
12		2					62						
13		2					63						
14		2					64						
15		②					65						
16		①					66						
17		①					67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS			16				TOTAL CLAIMS						